## HOME CARE STATUS CODE TABLE

| Field Reference   | STATUS_TYPE | STATUS_CODE | DESCRIPTION                         |
|---|-------------|-------------|-------------------------------------|
|   | F           | E           | Income Eligible                     |
|   | F           | 1           | Income Ineligible                   |
| Waiver Status<br>Layout/<br>WAIVER_ELIGIBILITY<br>Field Index 9 | L           | N           | No                                  |
|   | L           | Р           | Pending                             |
|   | L           | I           | Ineligible                          |
|   | L           | Υ           | Yes                                 |
| MOU Status Layout/<br>MOU_STATUS_CODE<br>Index 8                | М           | Υ           | Has MOU (Memo of<br>Understanding)  |
|   | M           | S           | Has SMOU(Spec. Memo of Understandin |
|   | М           | N           | Does not have MOU or SMOU           |
|   | 0           | 0 (zero)    | Open/Active                         |
| Client Status Layout/   | 0           | С           | Closed                              |
| CASE_STATUS Index   | 0           | S           | Screened, Closed                    |
| 8   | 0           | Α           | Open/Maintenance                    |
|   | 0           | N           | Closed/Assessed, Not<br>Opened      |
|   | S           | 1           | Home                                |
| Care Setting Status   | S           | 2           | Hospital                            |
| Layout/   | S           | 3           | Nursing Home                        |
| CARE_SETTING Index<br>8   | S           | 4           | Supervised Living                   |
|   | S           | 6           | Other                               |
|   | S           | 5           | Mental Health Facility              |
| Waiver Status   | W           | PACE        | PACE Program Client                 |
| Layout/ CLIENT_TYPE Index 8                                     | W           | CC          | Case Coordination                   |
|   | W           | WA          | HCBS/Ed Waiver                      |
|   | W           | OSA/TCM     | OSA/Targeted Care<br>Management     |
|   | W           | LCM3        | Local Case Management<br>3          |
|   | W           | CR          | Care Giver Respite                  |

| Field Reference       | STATUS_TYPE | STATUS_CODE | DESCRIPTION                               |
|-----------------------|-------------|-------------|---|
|                       | W           | LCM4        | Local Case Management<br>4                |
|                       | W           | LCM2        | Local Case Management<br>2                |
|                       | W           | LCM1        | Local Case Management<br>1                |
|                       | W           | PP          | Private Pay                               |
|                       | W           | OSA/CM      | OSA Care Management                       |
|                       | W           | HDM         | OSA Home Delivered<br>Meals (HDM)         |
|                       | W           | WFI         | Waiver Financially<br>Ineligible          |
|                       | W           | NFTI        | Nursing Facility Transition<br>Initiative |
| Client Status Layout/ | Z           | 7           | Other                                     |
| CLOSE_REASON          | Z           | 11          | Hearing Decision                          |
| Index 12              | Z           | 12          | For Cause                                 |
|                       | Z           | 20          | Moved, Transferred                        |
|                       | Z           | 6           | ICF/MR Institution<br>Placement           |
|                       | Z           | 5           | Refused Service                           |
|                       | Z           | 4           | Nursing Home<br>Placement                 |
|                       | Z           | 3           | Not Eligible                              |
|                       | Z           | 1           | Death                                     |
|                       | Z           | 10          | Chose FIA HH Services                     |
|                       | Z           | 99          | Not Applicable                            |
|                       | Z           | 22          | Transferred Another<br>Agency             |
|                       | Z           | 21          | Moved, Not Transferred                    |
|                       | Z           | 8           | Moved to OSA/CM<br>Program                |
|                       | Z           | 40          | Administrative Close                      |
|                       | Z           | 14          | NFTI - Transitioned                       |
|                       | Z           | 15          | NFTI - Not Transitioned                   |

| Field Reference | STATUS_TYPE | STATUS_CODE | DESCRIPTION          |
|-----------------|-------------|-------------|----------------------|
|                 | Z           | 9           | Moved Waiver Program |

## History of Updates to Status Code Tables:

| Update Date | Update Person | Update Description        |
|-------------|---------------|---------------------------|
| 7-24-2003   | Andree Almer  | Added HDM code to         |
|             |               | Waiver Status Layout      |
|             |               | /Client Type              |
| 11-26-2003  | Andree Almer  | Added NFTI code to        |
|             |               | Waiver Status             |
|             |               | Layout/Client Type        |
| 08-10-2005  | Julie Donall  | Added Type Z, code 14     |
|             |               | NFTI – 'Not Transitioned' |
|             |               | to Client Status Layout/  |
|             |               | CLOSE_REASON              |
| 09-13-2005  | Julie Donall  | Added Type Z, code 15     |
|             |               | 'NFTI – Not Transitioned' |
|             |               | to Client Status Layout/  |
|             |               | CLOSE_REASON              |
| 03-08-2006  | Julie Donall  | Added WFI code to Waiver  |
|             |               | Status Layout/Client Type |
| 04-01-2006  | Julie Donall  | Added Type, Code:         |
|             |               | M, S                      |
|             |               | Changed descriptions on:  |
|             |               | M, Y                      |
|             |               | M, N                      |
|             |               | In MOU Status Layout/     |
|             |               | MOU_STATUS_CODE           |
| 04-01-2006  | Julie Donall  | Added Type, Code:         |
|             |               | F, E                      |
|             |               | F, I                      |